

Resident Hospital Health Check Statewide report 2025

*Supporting Queensland doctors,
creating better health*

Resident Hospital Health Check 2025

November 2025

Statewide overview

The ASMOFQ and AMA Queensland Resident Hospital Health Check (RHHC) survey invites responses from doctors in training located in Queensland hospitals and health facilities each year.

The annual numbers of respondents, hospitals and health facilities have been similar for the past three years. In 2025:

- ▶ 798 respondents from 35 hospitals and health facilities
 - 4% below the 831 responses (from 40 hospitals and health facilities) in 2024
 - 10% above the 723 responses (from 39 hospitals and health facilities) in 2023
- ▶ 51% (18[^]) of the responding hospitals and health facilities each had 20 or more responses (21 to 69: median 40) and represented 91% of all respondents, compared with:
 - 40% (16[^]) in 2024 (22 to 84: median 42) representing 83% of respondents

A separate **RHHC report** provides hospital-specific¹ & statewide²:

- ▶ percentages for each of 24 aspects surveyed within the respective 5 domains
 - ▶ domain grades (E- to A+) for each of the 5 domains
- along with statewide annual percentages and domain grades for previous years, and 2025-2024 comparisons

This **RHHC statewide report** provides statewide figures, visual displays and summaries for:

- ▶ 2025 and 2024 comparisons (**new in 2025**)
- ▶ Demographics
- ▶ 30 surveyed aspects across 6 domains
 - Leave and professional development
 - Hours of work and overtime
 - Wellbeing – support and safety (**additional measures reported in 2025**)
 - Cultural safety resources (**new in 2025**)
 - Bullying, discrimination and sexual harassment
 - Important aspects of employment

The appendix contains visual displays of 2021–2025 annual results for 24 aspects (**new in 2025**)

[^] all were hospitals, not health facilities

¹ for each of 18 hospitals having 20 or more respondents

² based on all 35 hospitals and health facilities which each had at least one respondent

Statewide 2025 – 2024 comparisons

Twenty-four aspects from the RHHC survey have been reported annually for the past five years. Visual displays of these annual statewide mean percentages (2021-2025) are provided in the appendix for each of the 24 aspects.

Table 0 (page 3) lists these 24 aspects in non-ascending (descending) order based on the difference³ in annual statewide percentages between 2025 and 2024 and identifies for each aspect:

- ▶ whether the aspect reflects a negative (-) or positive (+) measure
- ▶ the difference³ in annual statewide percentages between 2025 and 2024
- ▶ a colour (green, red or yellow) indicating whether the change from 2024 is a significant improvement, decline or no change respectively⁴.

Ten of the 24 aspects improved by between 5% and 30%. Notably, on average across the state:

- ▶ Concern for negative consequences from reporting harassment *reduced* by 30%, to 52%
- ▶ Satisfaction
 - that leave preferences were taken into consideration *increased* by 25%, to 65%
 - with formal teaching and training *increased* by 16%, to 53%
 - with research and audit opportunities *increased* by 13%, to 35%
 - that clinical rotation preferences were taken into consideration *increased* by 13%, to 55%
 - with hospital facilities *increased* by 12%, to 43%
- ▶ Payment of claimed overtime *increased* by 9%, to 92%
- ▶ Concern that reporting harassment may negatively affect their assessment *reduced* by 7%, to 11%.

NOTE:

Levels of improvement are based on the overall statewide results and haven't necessarily occurred at each hospital or health facility.

Some aspects have levels of satisfaction as low as 0% for some hospitals – please consider the RHHC report for hospital-specific results for hospitals and health facilities that had at least 20 respondents.

Further, while improvements have occurred, the 2025 levels of satisfaction may remain less than desirable, ranging from 35% to 65%; similarly for other improved measures.

Six of the 24 aspects declined by between 6% and 13%. Notably, on average across the state:

- ▶ Those who felt their safety had been compromised at work *increased* by 13%, to 42%
- ▶ PDL approval rate *decreased* by 9%, to 79%
- ▶ Having both experienced and witnessed harassment *increased* by 8%, to 21%
- ▶ Perpetrators being SMO/consultants *increased* by 7%, to 26%
- ▶ Reported incidents of harassment were appropriately addressed *decreased* by 7%, to 56%

Table 0: RHC annually reported 24 aspects in non-ascending order based on the absolute difference³ in 2025 and 2024 statewide percentages – colour indicates nature of change⁴

Aspect	Positive/negative measure	2025-24 Difference
Concerned that there might be negative consequences for reporting	-	-30%
Satisfied preferences for leave were taken into consideration	+	25%
Satisfied with formal teaching and training	+	15%
Satisfied with research and audit opportunities	+	13%
Clinical rotation preferences taken into consideration	+	13%
Those who felt their safety had been compromised at work	-	13%
Satisfied with hospital facilities	+	12%
PDL approval rate	+	-9%
Payment of all claimed un-rostered overtime	+	9%
Both experienced and witnessed - harassment	-	8%
Did you report it	+	8%
Perpetrators of harassment were SMO/consultants	-	7%
Reported incidents were appropriately addressed	+	-7%
Concerned it may negatively affect their assessment	-	-7%
Witnessed only - harassment	-	6%
Applied for PDL	+	5%
Hospital does enough for wellbeing and mental health	+	-4%
Advised not to claim overtime	-	-4%
Adequate break in between shifts (10 hours or more)	+	-4%
Perpetrators of harassment were registrars or PHOs	-	3%
Experienced only - harassment	-	-3%
Did you feel there was anything you could do about it	+	2%
Working 91 hours or more per fortnight	-	1%
Concerned about making a clinical error due to fatigue caused by hours worked	-	0%

³ percentage in 2025 minus the percentage in 2024

⁴ For each aspect, the annual statewide percentages were compared with the previous year – a green, yellow or red shading was assigned for a '5% or greater improvement', 'increase or decrease of less than 5%', or '5% or greater decline' respectively, after accounting for whether the aspect reflected a negative or positive outcome. Green and red shadings also indicate a statistically significant change, at the 5% significance level.

Statistical notes:

Questions ascertaining levels of satisfaction were scored on a 7-point scale:

- ▶ 1 – ‘*Very dissatisfied*’, 2 – ‘*Dissatisfied*’, 3 – ‘*Somewhat dissatisfied*’
- ▶ 4 – ‘*Neither satisfied or dissatisfied*’
- ▶ 5 – ‘*Somewhat satisfied*’, 6 – ‘*Satisfied*’, 7 – ‘*Very satisfied*’
- ▶ ‘*Not applicable*’ and ‘*Unsure*’ were also options.

A ‘percentage *satisfied*’, presented in a table, represents the proportion of respondents who indicated a 6 or 7, after excluding those who responded ‘*Not applicable*’.

Visual displays of the distribution of responses to such questions identify the percentages of respondents indicating each of the 7 levels of satisfaction or ‘8 - *Not applicable*’ or ‘9 - *Unsure*’.

Accordingly, summing the two percentages indicating 6 or 7 in a visual display will not necessarily equal the percentage *satisfied* presented in a table.

Similarly for other questions, when applicable, reported percentages are based on denominators which exclude respondents who indicated ‘*Not applicable*’.

The sum of percentages across all categorical responses for a question may not equal 100% due to rounding of the percentage provided for each category.

In 2025, the wording of the surveyed question relating to the aspect of payment of claimed overtime altered from “Did you get paid for overtime claimed?” to “In general do you get paid for the overtime that you claim”.

Respondent demographics

Approximately 55% of respondents were female, 41% male, 3% preferred not to say and 0.4% non-binary.

Figure 1: Gender

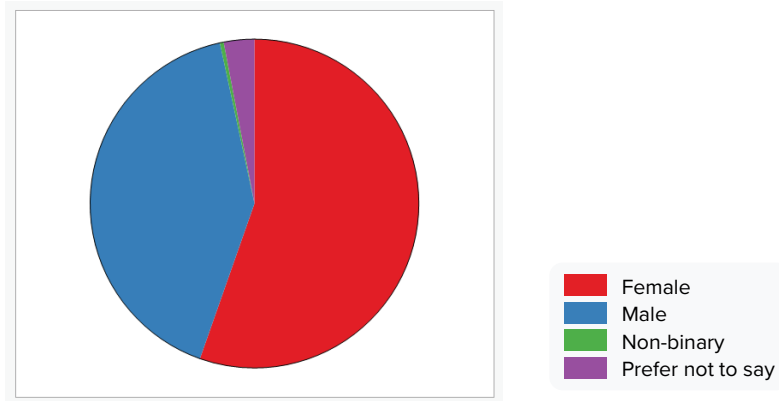


Table 1: Gender

Gender	Count	Percentage	Cumulative Percentage
Female	442	55%	55%
Male	329	41%	96%
Prefer not to say	24	3%	99%
Non-binary	3	0.4%	100%
Total	798	100%	

Three-quarters (75%) of respondents graduated medical school in Australia, 25% internationally.

Figure 2: Location of Medical School Graduation

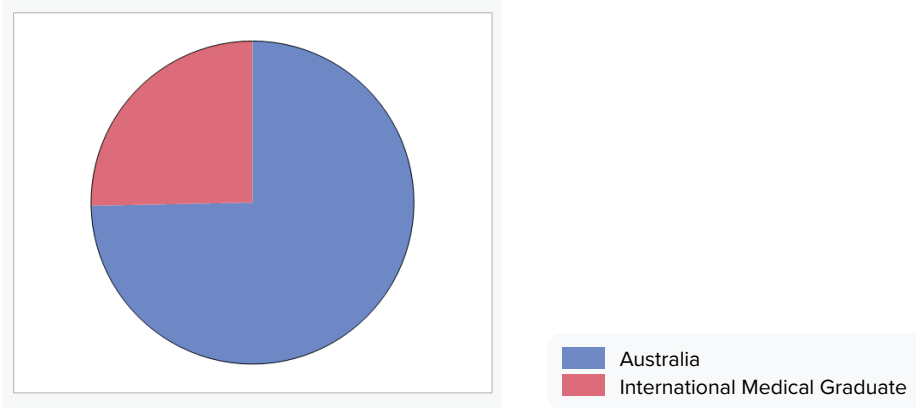


Table 2: Location of Medical School Graduation

Location	Count	Percentage
Australia	596	75%
International	202	25%
Total	798	100%

Three-quarters were interns (27%), junior house officers (24%) or registrar/senior registrars (24%).

Figure 3: Pareto chart (and cumulative percentage) for training classifications

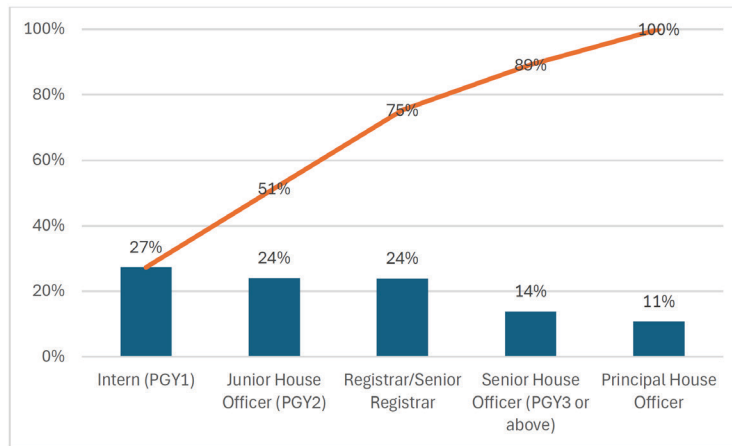


Table 3: Levels of Training

Training Level - Classification	Count	Percentage	Cumulative Percentage
Intern (PGY1)	218	27%	27%
Junior House Officer (PGY2)	192	24%	51%
Registrar/Senior Registrar	191	24%	75%
Senior House Officer (PGY3 or above)	111	14%	89%
Principal House Officer	86	11%	100%
Total	798	100%	

Section 1: Leave and professional development

This section assessed respondents' experiences surrounding career progression, professional development and leave.

- ▶ Questions ascertaining levels of satisfaction were scored on a 7-point scale 'Not applicable' and 'Unsure' were also options
- ▶ The *percentage satisfied* represents the proportion of respondents who indicated a 6 or 7, after excluding those who responded 'Not applicable'.
- ▶ Two-thirds (65%) were satisfied preferences for professional development leave (PDL) were taken into consideration.
- ▶ About half (55%) were satisfied preferences for clinical rotation were taken into consideration.
- ▶ One-third (35%) were satisfied with research and audit opportunities.
- ▶ Less than half (47%) applied for PDL – the PDL approval rate was 79%.

Table 4: Leave and career progression

Aspect	Statewide %
Satisfied preferences for PDL were taken into consideration	65%
Applied for Professional Development Leave (PDL)	47%
PDL approval rate	79%
Satisfied clinical rotation preferences taken into consideration	55%
Satisfied with research and audit opportunities	35%

Figure 4A: Satisfied leave preferences were considered

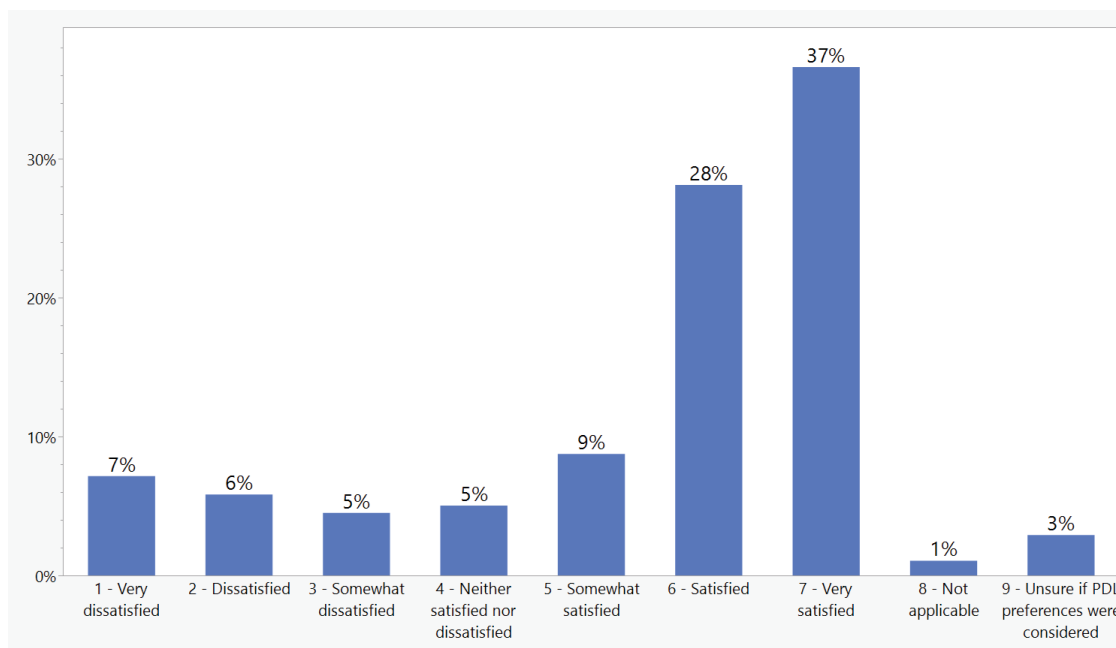


Figure 4B: Satisfied clinical rotation preferences were considered

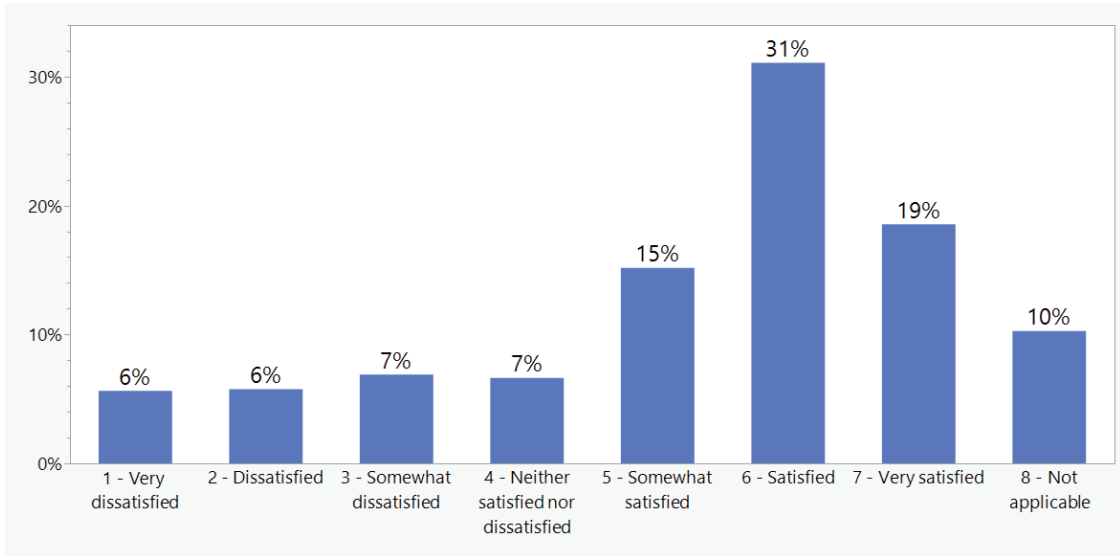
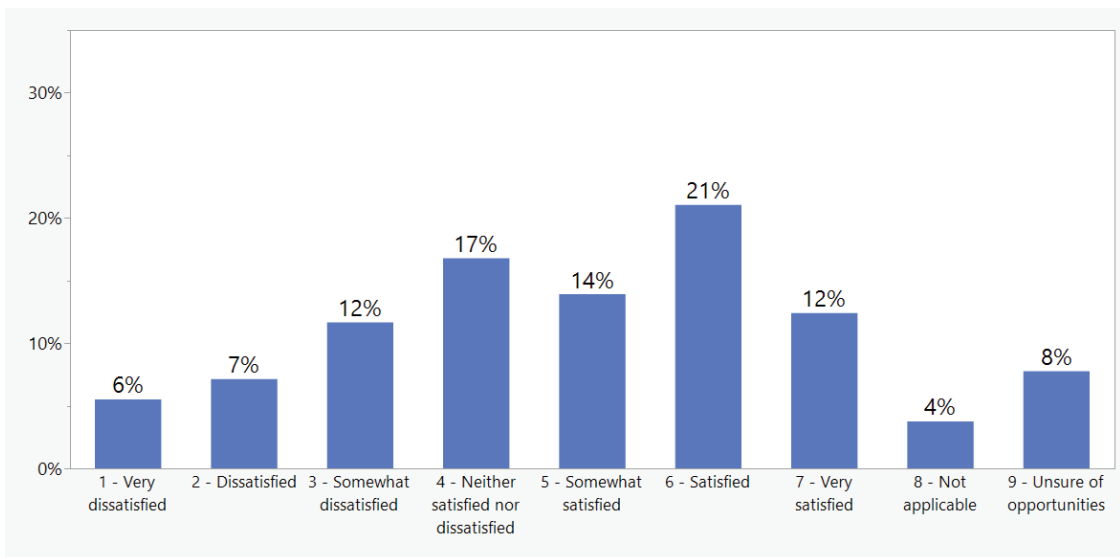


Figure 4C: Satisfied with research and audit opportunities



Section 2: Hours of work and overtime

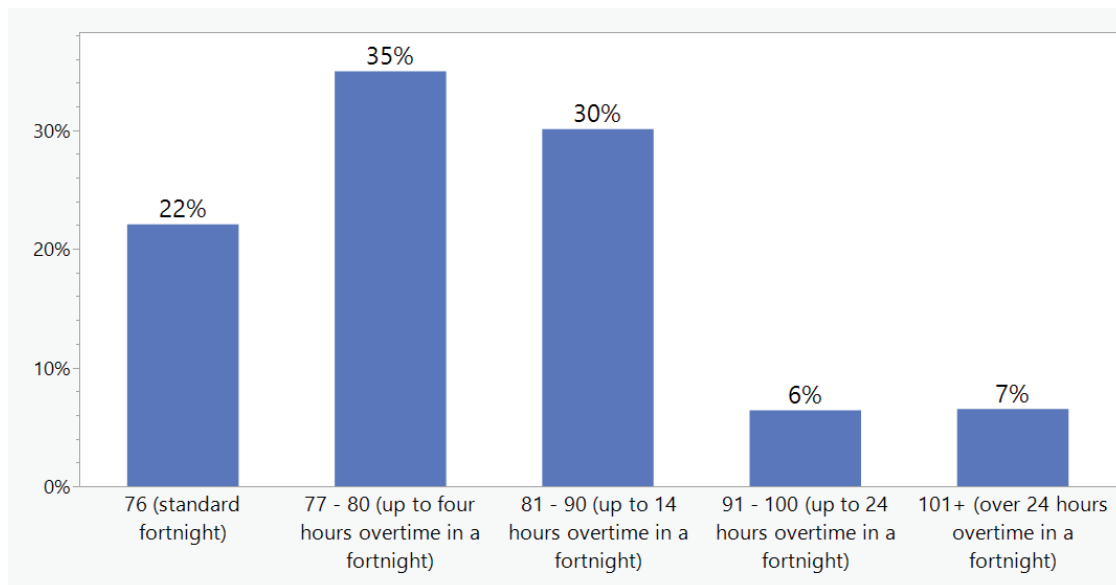
This section assessed respondents' working hours and experiences claiming overtime.

- ▶ 92% of respondents, excluding those who indicated 'Not applicable', reported they, in general, get paid for the hours of overtime they claim.
- ▶ 13% of all respondents worked on average 91 hours or more per fortnight in the most recent month, while about one-in-five (22%) worked the standard 76-hour fortnight.
- ▶ About one-sixth were advised not to claim for overtime (15%) and about one-in-nine were concerned claiming may negatively affect their assessment (11%).

Table 5: Hours of work and overtime

Aspect	Statewide %
Working 91 hours or more per fortnight	13%
In general, receive payment for claimed overtime	92%
Advised not to claim overtime	15%
Concerned claiming may negatively affect their assessment	11%

Figure 5: Average fortnightly hours worked in most recent month



Section 3: Wellbeing – support and safety

This section assessed respondents’ feelings of wellbeing (safety, fatigue, mental health) and support (satisfaction with hospital facilities, and formal teaching and training).

New to this section in 2025 is the reporting upon respondents’ perspectives about the medical education and wellbeing registrar initiative.

- ▶ Questions ascertaining **levels of satisfaction** were scored on a 7-point scale. ‘Not applicable’ and ‘Unsure’ were also options
- ▶ The *percentage satisfied* represents the proportion of respondents who indicated a 6 or 7, after excluding those who responded ‘Not applicable’.

Less than half were satisfied with their hospital’s facilities (43%) and about half were satisfied with formal teaching and training (53%).

While 85% felt they were provided adequate break (10 hours) between shifts:

- ▶ half (52%) felt the hospital does enough for wellbeing and mental health
- ▶ over one-third (42%) felt their safety had been compromised at work
- ▶ almost half (46%) were concerned about making a clinical error due to fatigue caused by hours worked with a further 5% preferring not to say.

Table 6: Wellbeing – support and adequate breaks

Aspect	Statewide %
Satisfied with hospital facilities	43%
Satisfied with formal teaching and training	53%
Concerned about making a clinical error due to fatigue caused by hours worked	46%
Those who felt their safety had been compromised at work	42%
Adequate break (10 hours) between shifts	85%
Hospital does enough for wellbeing and mental health	52%

Figure 6A: Satisfied with hospital facilities

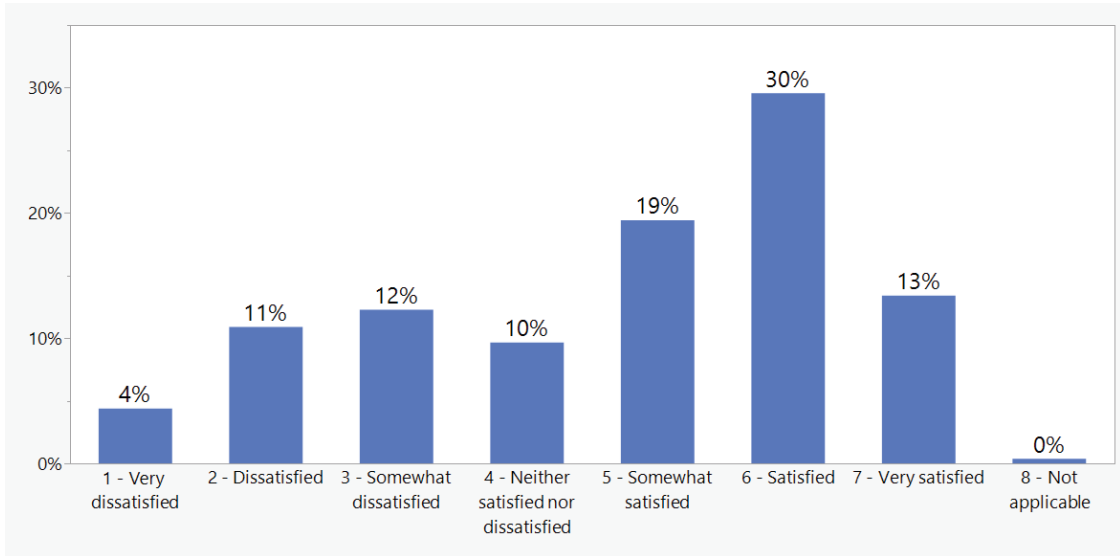


Figure 6B: Satisfied with formal teaching and training

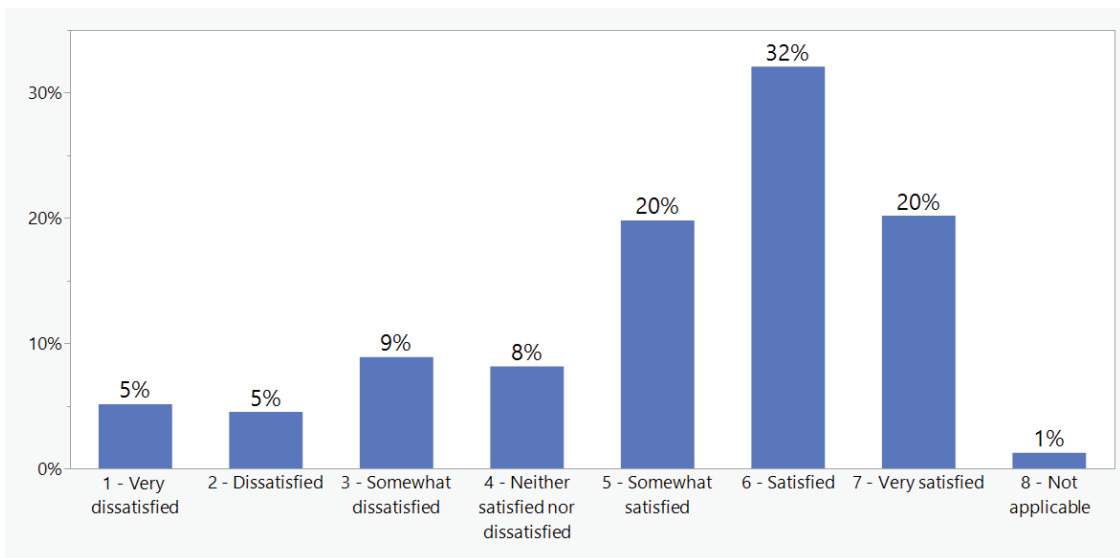


Figure 6C: Wellbeing – support and adequate breaks

Hospital does enough for mental health and wellbeing



Adequate break (10 hours) between shifts



Figure 6D: Concerns for safety or fatigue-induced errors

Have felt personal safety has been compromised at work



Concerned about making a fatigue-induced clinical error

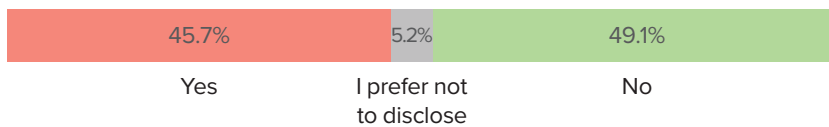
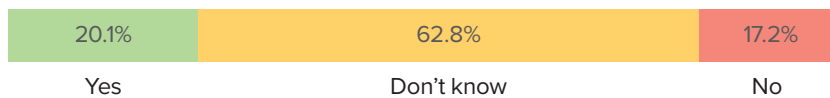


Figure 6E: Medical Education and Wellbeing Registrar – new in 2025

Have you heard of Queensland Health’s medical education and wellbeing registrar initiative?



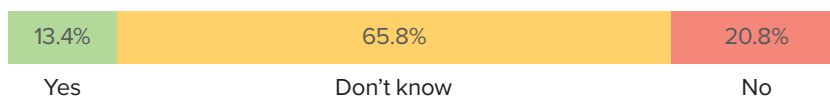
Does your facility have a medical education and wellbeing registrar?



Do you think your facility would benefit from a medical education and wellbeing registrar?
(% is based on those who didn't answer Yes to the previous question)



Does your hospital and health service support the inclusion of physician assistants in the medical workforce?



- ▶ Less than a quarter (23%) of respondents have heard of Queensland Health’s medical education and wellbeing registrar initiative.
- ▶ Almost two-thirds (63%) don’t know if their facility has a medical education and wellbeing registrar and only one-fifth (20%) indicate their facility does, while over half (59%) believe their facility would benefit from such a registrar, with 32% unsure.
- ▶ Two-thirds (66%) don’t know if their hospital and health service (HHS) support the inclusion of physician assistants in the medical workforce, while one-fifth (21%) indicated the HHS don’t support this.

Section 4: Cultural Safety Resources

This is a *new section in 2025* and probes respondents' perspectives on both the presence and value of cultural safety resources for doctors in training (DiTs) and international medical graduates (IMGs).

Table 7: Cultural Safety Resources

Aspect	Statewide %
<u>Satisfied</u> with cultural safety resources provided for <u>IMGs</u> at facility	26%
<u>Satisfied</u> with cultural safety resources provided for <u>DiTs</u> at facility	56%

Table 8: Best description of the cultural safety resources provided for IMGs at your facility

Aspect	Count	Statewide %
I don't know if my facility has cultural safety resources for IMGs	511	64%
My facility has cultural safety resources for IMGs and I am not satisfied with them	28	4%
My facility has cultural safety resources for IMGs and I am <u>satisfied</u> with them	188	24%
My facility has no cultural safety resources for IMGs and I am dissatisfied with that	49	6%
My facility has no cultural safety resources for IMGs and I am <u>satisfied</u> with that	21	3%
Total	797[^]	100%

[^] 1 missing

Table 9: Best description of the cultural safety resources provided for DiTs at your facility

Aspect	Count	Statewide %
I don't know if my facility has cultural safety resources for DiTs	259	32%
My facility has cultural safety resources for DiTs and I am not satisfied with them	52	7%
My facility has cultural safety resources for DiTs and I am <u>satisfied</u> with them	417	52%
My facility has no cultural safety resources for DiTs and I am dissatisfied with that	42	5%
My facility has no cultural safety resources for DiTs and I am <u>satisfied</u> with that	27	3%
Total	798	100%

Section 5: Bullying, discrimination and sexual harassment

This section assessed whether respondents experienced bullying, discrimination and sexual harassment, perpetrators involved, and perspectives surrounding reporting such incidents.

- ▶ Almost half (46%) experienced and/or witnessed some form of bullying, discrimination or sexual harassment.
- ▶ One quarter (26%) indicated the perpetrator was an SMO or consultant, and 13% indicated the perpetrator was a registrar or PHO.
- ▶ Only one-third (33%) felt they could do something about it and only one-third (34%) reported the incident.
- ▶ Just over half (56%) felt reported incidents were appropriately addressed.
- ▶ Half (52%) were concerned that there might be negative consequences for reporting.

Table 10: Experiences and reporting – bullying, discrimination and sexual harassment

Aspect	Statewide %
Experienced only	9%
Witnessed only	16%
Both experienced and witnessed	21%
For any of above, the perpetrators were SMO/consultants	26%
For any of above, the perpetrators were registrars or PHOs	13%
Did you feel there was anything you could do about it	32%
Did you report it	34%
Reported incidents were appropriately addressed	56%
Concerned that there might be negative consequences for reporting	52%

Section 6: Important aspects of employment

This section assessed influential factors when applying for a job. Respondents selected the 3 most important aspects (11 options plus 'Other') if applying for a job.

While all eleven were selected:

- ▶ over two-thirds of all respondents (69%) selected 'Clinical Rotation preferencing and allocation'
- ▶ about half (54%) selected 'Being appropriately paid for unrostered overtime worked' and
- ▶ 43% selected 'Educational opportunities'.

Notably, compared with 2024:

- ▶ The distribution of responses is similar: 72% and 53% respectively for the same top 2 in 2024
- ▶ 'Educational opportunities' has increased from 27% to 43% in 2025
- ▶ 'Not working fatigued' has increased from 21% to 29%
- ▶ 'Protection from negative consequences of reporting bullying and harassment' has increased from 8% to 18%
- ▶ 'Personal safety' has increased from 8% to 14%
- ▶ 'Annual leave process and allocations' has decreased from 51% to 36% in 2025

Table 11: Percentage of respondents selecting an aspect in their top 3* for importance

Aspect	Statewide %
Clinical rotation preferencing and allocation	69%
Being appropriately paid for unrostered overtime worked	54%
Educational opportunities	43%
Annual leave	36%
Not working fatigued	29%
Research opportunities	23%
Working a 76 hour fortnight / adequate staffing	22%
Protection from negative consequences of reporting bullying and harassment	18%
Personal safety	14%
Professional development leave process	13%
A wellbeing or resilience program being offered at your hospital	8%

* many selected more than 3

Appendix: Visual displays of the annual statewide mean percentages (2021-2025) for each of the 24 annually reported aspects from the RHHC survey

